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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Charter Section Division of Corporations			
CLIDI	JECT: Malion, Inc.			
3000	Name o	f Resulting F	lorida Profit	Corporation
	enclosed Certificate of Conversion, Articley" into a "Florida Profit Corporation" in			ees are submitted to convert an "Other Busines 15, F.S.
Pleaso	e return all correspondence concerning th	nis matter to:		
Rober	rt G. Boulay			
	Contact Person			
Rober	rt G. Boulay, C.P.A., P.A.			
	Firm/Company			
422 Ja	acksonville Drive, Suite J			
	Address			
Jackso	onville Beach, FL 32250			
	City, State and Zip Co	ode		
	nfitness@gmail.com			
	E-mail address: (to be used for future an	nual report n	otification)	
For fu	urther information concerning this matter	r, please call:		
Rober	rt G. Boulay, CPA	904 at () 228-04	407
	Name of Contact Person	\ <u></u>	rea Code and	Daytime Telephone Number
Enclo	osed is a check for the following amount:	· ·		
S \$1	05.00 Filing Fees S113.75 Filing Fee and Certificate of Status	s ☐\$113.75 and Certif	5 Filing Fees fied Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto	EET ADDRESS: Filings Section sion of Corporations on Building Executive Center Circle		New F Divisio P. O. I	ING ADDRESS: Tilings Section on of Corporations Box 6327 assee FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Malion LLC (L15000174453)
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
October 7, 2015
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Malion, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

Required Signature for Florida Profit Corporation	on:
Signature of Chairman, Vice Chairman, Director, Of Incorporator: Printed Name: Asad A. Malik Title: Presi	fficer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Busines	
Signature:	
Printed Name: Asad A. Malik	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabil	lity Partnership:
Signature of one General Partner.	

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others: Signature of an authorized person.

Fees:

Certificate of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy: Certificate of Status: \$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE.	I NAME Malion Inc.		
The name of	the corporation shall be:		
ARTICLE	II PRINCIPAL OFFICE		
The principa	I place of business/mailing address is:		
	Principal street address	Mailing add	ress, if different is:
12638 Ash H		_	ess, ii different is.
Jacksonville,			
			·
ARTICLE	III PURPOSE		
	for which the corporation is organize	ed is:	
Any & all lav	wful business		
			
		<u> </u>	·
-	Avenue Mary - Pary		
ARTICLE The purpher	of charge of stock in 100		
rne mumber	OF SHARCS OF SIOCK IS.		
	V INITIAL OFFICERS AND/O	OR DIRECTORS	
Name and T	Fitle:Asad A. Malik, President	Name and Title:	
	12638 Ash Harbor Drive		
Address:		Address:	
	Jacksonville, FL 32224		
Name and T	Title:	Name and Title:	
			3000
Address:		Address:	***************************************
Name and T	Fielse	Name and Title	P. P.
ivame and I	Fitle:	Name and Title:	
Address:		Address:	20 R

	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	Γ acceptable) of the registered agent is:
Name:	Robert G. Boulay, C.P.A., P.A.	
Address:	422 Jacksonville Drive. Suite J	
	Jacksonville Beach, FL 32250	
ARTICL	E VII INCORPORATOR	
The name	e and address of the Incorporator is:	
Name:	Asad A. Malik	
Address:	12638 Ash Harbor Drive	
	Jacksonville, FL 32224	
*****	**********	**********
Having be this certifi	een named as registered agent to accept ser icate, I am familiar with and accept the app	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
	There of Bely	9/18/2019
	Required Signature/Registered Agent	Date
l submit t	his document and affirm that the facts stat	ed herein are true. I am aware that any false information submitted in a
		rd degree felony as provided for in s.817.155, F.S.

9-24-2019 Date